

Attachment 16 – Questions and Answers

The following question was submitted in writing by Vendor A. (Answer follows.)

- 1. We would like to get the Monthly Premium along Monthly Enrollment as well as Monthly claims.**

A: See Attachment 14, State Vision Plan Stats.

The following questions were submitted in writing by Vendor B. (Answers follow.)

- 2. Why has PEBA elected to procure this as an Invitation to Bid versus a Request for Proposal?**

A: Competitive sealed bidding is the preferred source selection method in the state of South Carolina. Additionally, PEBA has an established plan of benefits that can be, and have been, clearly specified. Therefore, the best source selection method for this procurement is an invitation for bid where the award is issued to the lowest responsible and responsive Offeror.

- 3. Is a member cost transparency tool important to the State? If so, will offering such a tool be considered as part of the scoring and award criteria?**

A: Yes, a member cost transparency tool is important to the State. In a voluntary program such as the State Vision Plan, features that are not necessarily part of the specifications or requirements may still be important to participants in order to achieve maximum participation.

No, such a tool will not be considered as part of the scoring and award criteria. This is an invitation for bid; the award will be issued to the lowest responsible and responsive Offeror.

- 4. How is the contractor expected to use this enrollment file, for reconciliation purposes?**

A: Yes, the enrollment file should be used for reconciliation purposes.

- 5. Please explain how former spouses and the FSA indicator will be sent on the eligibility file and how this information is to be used by the contractor if this is not addressed in the Companion Guide?**

A: Both the former spouse and FSA indicators will be sent on the eligibility files. Attachment 12, 834 Companion Guide, will be updated to reflect these new indicators. Until that time, see Attachment 13 – FSA Indicators (834 Companion Guide).

6. Please explain what field, a) record type, means.

Please explain in more detail the below fields.

j) Member cost share amount

k) Member copay amount

A: a) The “record type” identifies the record as a header, trailer or detail.

j) The “member cost share amount” is any cost share a member pays other than a copay.

k) The “member copay amount” is a subset of member cost share amount; however, the copay should be reported separately.

7. Requirements for redacted copies are not expressly outlined. Should offerors submit an electronic redacted version of the offeror’s bid? Please provide the number of redacted copies and desired format (hard copy and/or USB) required.

A: See Clause 1.28 Submitting Redacted Offers (March 2015) on page 14 of Amendment 1 of the Invitation for Bid.

8. Claims Processing | Claims Payment Turn Around Time

The requested performance results are 99% of clean claims processed and paid within 7 business days.

Our business model is set up in line with industry standards to pay our providers within 10 days. To accommodate our provider network’s preferences and expectations, will PEBA accept a standard of 'within 10 business days'?

A: Yes. PEBA agrees to the change. See the updated performance guarantees on page 27 of Amendment 1 of the Invitation for Bid.

9. Can you explain the award criteria in more detail? Will each of the sections in Information for Offerors to Submit be scored or compared between bidders? If so please provide the order of importance and weighting for these sections.

A: The award criteria is described on page 35 of the invitation for bid. See Clause 6.1 Award Criteria – Bids (Jan 2006): Award will be made to the lowest responsible and responsive Offeror. See also Clause 6.2 Award to One Offeror (Jan 2006): Award will be made to one Offeror. No; the sections in Information for Offerors to Submit will not be “scored or compared between bidders.”

10. Will bidders that offer a rate guarantee that matches the Maximum Contract Term outlined in 7.53 be scored higher than those that only offer rate guarantees that match the Initial Contract Term?

A: No. This is an invitation for bid. The award will be made to the lowest responsible and responsive Offeror.

11. How will PEBA determine the lowest bidder? Will it be based on total estimated extended price or evaluated by monthly premium tier, e.g. employee only rate, employee plus spouse rate, etc.?

A: The lowest bidder will be calculated by multiplying the unit of measure by the Offeror's premiums for each line item. The sum of extended prices for each line item will then be totaled to determine a yearly cost.

The following questions were submitted in writing by Vendor C. (Answers follow.)

12. Please provide a census file of participants that includes the run date as well as the following key information:

- a. Gender**
- b. Zip code**
- c. State of Residence**
- d. Tier enrollment (such as Employee Only, Employee +1, Family, etc.)**
- e. Active/Retiree/Cobra/Survivor/Former Spouse status**
- f. Date of birth**

A: See Attachment 7, Zip Code Census (Expanded)

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13. Please provide the EyeMed annual utilization report (see attached sample report)

including number of:

- a. Exams**
- b. Contact Lens Exam & Fitting**
- c. Frames**
- d. Single lenses**
- e. Bifocal lenses**
- f. Trifocal lenses**
- g. Progressive lenses, (If available split between Standard Progressive, Premium Progressive)**
- h. Contacts**
- i. If available, please also provide utilization of lens enhancements such as anti-reflective coating, scratch resistant coating, UV coating, and tints.**
- j. Please also provide the claims paid or the net to provider amount for each benefit listed above.**

A: Below is the annual utilization.

a. Exams	117,073
b. Contact Lens Exam & Fitting	41,556
c. Frames	68,128
d. Single lenses	33,872
e. Bifocal lenses*	See multi-focal lens
f. Trifocal lenses*	See multi-focal lens
*Multi-focal lens	5,004
(Includes both bi-focal and tri-focal; not reported separately)	
g. Progressive lenses:	
Standard Progressive	4,242
Premium Progressive	27,732
h. Contacts	36,222
<i>i. If available, please also provide utilization of lens enhancements such as anti-reflective coating, scratch resistant coating, UV coating, and tints.</i>	
Anti-reflective coating	45,904
Polycarbonate	43,370
Scratch	12,792
UV Coating	32,967
Tint	7,605
<i>j. Please also provide the claims paid or the net to provider amount for each benefit listed above.</i>	
This information is proprietary and confidential.	

14. Please provide the last 36 months of monthly paid premium and paid claim experience on a monthly basis with the following items:

- a. Premium
- b. Paid claim dollars
- c. Claim counts
- d. Employee Lives
- e. Dependent Lives

A: See Attachment 14, State Vision Plan Stats for answers to items a, b, d, and e. Item c. claim counts are proprietary and confidential.

15. Please confirm the percentage of claims paid in-network versus out-of-network.

A: In-network --- 96.7% Out-of-network – 3.3%

16. Please provide historical rates prior to 2019.

A: See below.

HISTORICAL RATES FOR STATE VISION PLAN

	2010-2013	2014	2015-2017	2018-2019
Active, Retiree				
Subscriber only	\$7.76	\$7.94	\$7.00	\$8.00
Subscriber/spouse	\$15.52	\$15.88	\$14.00	\$16.00
Subscriber/children	\$16.48	\$16.86	\$14.98	\$17.16
Full family	\$24.24	\$24.82	\$21.98	\$25.16
Survivor				
Spouse	\$7.76	\$7.94	\$7.00	\$8.00
Spouse/children	\$16.48	\$16.86	\$14.98	\$17.16
Children	\$8.72	\$8.92	\$7.98	\$9.16
COBRA				
Subscriber only	\$7.92	\$8.10	\$7.14	\$8.16
Subscriber/spouse	\$15.84	\$16.20	\$14.28	\$16.32
Subscriber/children	\$16.82	\$17.20	\$15.28	\$17.50
Full family	\$24.72	\$25.32	\$22.42	\$25.66
Children	\$8.90	\$9.10	\$8.14	\$9.34

17. Are the 2020 renewal rates available?

A: The rates for 2020 will be determined as a result of an award from this Invitation for Bid.

18. Were there any plan changes prior to 2018?

A: No.

19. On page 17 of the document “2019 Group Vision,” the RFP makes reference to “Total Vision Covered Lives.” There are 312,619 total vision covered lives as of December 2018. Please confirm “Total Vision Covered Lives” is equivalent to total eligible employee lives.

A: Not confirmed. As of December 2018, there are approximately 589,500 eligible covered lives who are eligible to enroll in the State Vision Plan, based on the number of lives enrolled in at least one insurance benefit program offered by PEBA.

20. The total “Subscriber” lives found in cell B3816 in Attachment 7 – Zip Code Census is 311,324. This seems to be in line with the “Total Vision Covered Lives” found on page 17 in Attachment 5. Please confirm the term “Subscriber” in the census is meant to be interpreted as eligible employee lives and not actual employees subscribed to the Vision plan.

A: The total “Subscriber” lives found in cell B3816 in Attachment 7-Zip Code Census is the number of subscribers enrolled in at least one insurance benefit program offered by PEBA as of October 2018. This does not represent the number of subscribers enrolled in the State Vision Plan.

21. Are the 83 subscribers listed as “Child Only” on page 17 of the “2019 Group Vision” document included in the subscriber counts provided in the bidding schedule located in Attachment 5?

A: No. PEBA calculates this rate internally by subtracting the subscriber only rate from the subscriber/children rate.

22. As part of the Service Provider Security Assessment Questionnaire, please confirm if the State is looking for the carriers to perform a vulnerability scan?

A: PEBA is asking whether or not the Offeror has had a vulnerability scan and/or assessment completed. If the Offeror has had a vulnerability scan and/or assessment completed, please indicate when they were completed.

23. Does the State agree that if Vendor C is awarded the Vision business on a Fully Insured basis, we will be a Covered Entity, as defined by HIPAA, and a Business Associate Agreement is not required?

A: The Vision contractor will need to sign a Business Associate Agreement (BAA), even though it may be a Covered Entity in its own right and the product is fully insured.

24. Will State employees have the opportunity to enroll in these benefits at the same time and on the same platform as Medical? Will enrollment be a mandatory and active process – will employees be required to actively elect or decline benefits in order to have benefits the following year?

A: Yes, state employees have the opportunity to enroll in these benefits at the same time and on the same platform as medical. No, enrollment is not a mandatory and active process as you have described it.

25. Can the benefits website that is accessible without entering a password reference other benefits the Contractor currently offers to state employees?

A: The PEBA-specific website that is accessible without entering a password must include information specific to the State Vision Plan benefits and features. The website shall explain the benefits and value of enrolling in the State Vision Plan, and provide a current directory of all providers participating in the State Vision Plan. Other benefits the Contractor may offer cannot be included in the site unless the benefit is listed in the contract between PEBA and the Contractor. All website content must be reviewed and approved by PEBA's Communications Department prior to publishing. Please see Section F.10 in Part 3 of Amendment 1 of the Invitation for Bid.

26. We would like to understand the current ID card fulfillment process. How do State employees currently receive ID cards?

A: Newly enrolled members receive an identification card as part of a welcome kit. Replacement cards can be ordered via phone or mail, or accessed digitally through the mobile app.

The following questions were submitted in writing by Vendor D. (Answers follow.)

27. Can we get a current enrolled census that includes gender, date of birth, zip code and tier elections? If not, can we at least obtain the current gender mix (males vs. females) and the average age of the enrolled population?

A: See Attachment 7, Zip Code Census (Expanded).

28. Please confirm that the rates on page 17 of the RFP are the monthly vision rates.

A: Confirmed.

29. Was there a benefit change in 2018? If so, what was the change and when exactly did it take effect?

A: Yes. Effective January 1, 2018, the eye glass frame benefit changed from every 24 months to every 12 months.

30. Please provide the number of subscribers, number of exams and total number of materials for the months of October, November and December 2018.

A: See Attachment 15, Monthly Utilization (2015-2018).

31. Is it possible to get a breakdown of the total number of materials (i.e. service counts for contact lenses, single vision, bifocals, trifocals and frames) for each month for the period 1/1/17 – 12/31/18?

A: See Attachment 15, Monthly Utilization (2015-2018).

32. The RFP lists an award date that is about 8 days after the bid opening. Will finalist carriers be chosen with an opportunity for a finalist presentation, or will a decision be made solely based on bid responses?

A: There will be no finalist presentation because this is an invitation for bid, which is awarded to the lowest responsible and responsive Offeror.

33. Please confirm if PEBA will be administering the COBRA for the State of South Carolina.

A: Confirmed.

The following questions were submitted in writing by Vendor E. (Answers follow.)

34. Vendor E under a joint venture arrangement, intend to submit a proposal in response to the South Carolina Public Employee Benefit Authority (PEBA)'s Invitation for Bids entitled, *Provide Group Vision Benefits Plan for SC Public Employee Benefit Authority (Solicitation Number:*

PEBA0242019). In order to gain a more thorough understanding of the requirements, we respectfully request clarification to the attached questions.

Vendor E looks forward to providing a competitive proposal demonstrating our overall value and expertise in delivering the requested vision benefit administration.

A: Clause 1.25(d) was included in error. See revised Clause 1.25, Signing Your Offer, on Page 13 of Amendment 1, Invitation for Bid.

35. (Pg. 11, 1.24 (b)) *Offerors may submit more than one Offer, provided that each Offer has significant differences other than price. Each separate Offer must satisfy all Solicitation requirements. If this solicitation is an Invitation for Bids, each separate offer must be submitted as a separate document.*

Question: According to this paragraph, please confirm that multiple plan options reflecting alternate (enhanced) coverages and pricing must be submitted as a separate bid document, or may they be submitted as additional option pages in the pricing section in a single bid document?

A: Clause 1.24 (b) was included in error. See revised Clause 1.24, Responsiveness/Improper Offers, on Page 12 of Amendment 1, Invitation for Bid

36. (Pg. 24, .9) *Provide a website that is accessible without entering a password that includes information specific to the State Vision Plan benefits and features. The website shall explain the benefits and value of enrolling in the State Vision Plan, and provide a current directory of all providers participating in the State Vision Plan.*

Question: For the non-password accessible website describing the State's Vision Plan, is there any functionality required other than provider search capabilities and the explanation of benefits? If yes, please provide.

A: The PEBA-specific website that is accessible without entering a password must include information specific to the State Vision Plan benefits and features. The website shall explain the benefits and value of enrolling in the State Vision Plan, and provide a current directory of all providers participating in the State Vision Plan. All website content must be reviewed and approved by PEBA's Communications Department prior to publishing. You can view our current website at <https://www.eyemedvisioncare.com/pebaoe>.

37. (Pg. 21, C.1) *Exchange data with the Third Party Administrator for those members actively enrolled in a Medical Spending Account or Limited Medical Spending Account for the purpose of auto adjudicating claims.*

Question: Please clarify the auto adjudication process. Is the process that the Offeror will submit a file to the TPA, and then the TPA would auto adjudicate the claim without the member submitting proof of qualifying purchase?

A: The successful contractor will submit a file to the Third Party Administrator (TPA) of subscribers who participate in a Medical Spending Account or Limited-use Medical Spending Account. The TPA will auto adjudicate the claim as appropriate.

38. (Pg. 24, F.12) *During the 2017 calendar year, PEBA staff attended approximately 120 benefit fairs or events at employer locations across the State.*

Question: Are contractors expected to attend all 120 benefit fairs/events?

A: The contractor will be expected to abide by all requirements of the contract. See below for the number of benefits fairs attended by the current contractor since 2015. Please note that these numbers could increase based on requests.

- 2015 - 18
- 2016 - 20
- 2017 - 19
- 2018 - 15

39. (Attachment 11 - Updated Census and Claim Information) Given the size of the State's contract, we assume that detailed claims information is available. Please provide more detailed claims data breaking down utilization for Exam type & Material types over the 24-month utilization provided (i.e., comprehensive exam, contact lens fit/follow-up, frames, lenses, contacts, etc.)?

A: See Attachment 15, Monthly Utilization (2015-2018).

40. (Attachment 7 - Zip Code Census) Please provide additional age/gender demographics.

A: Included in Attachment 7 – Zip Code Census (Expanded).

41. (Attachment 8 - State Vision Chapter (Insurance Benefits Guide)) How does the State currently identify diabetic participants under the current contract?

A: The State does not identify diabetic participants to EyeMed. Providers can identify diabetes during the eye exam.